



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 1 of 1

**NAME OF FACILITY:** Pinnacle Rehabilitation and Health Center **DATE SURVEY COMPLETED:** March 17, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from March 8, 2021 through March 17, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was one hundred twenty-seven (127). The survey sample totaled eleven (11).</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</b></p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed March 17, 2021: F880.</p>	<p>Preparation and/or execution of the Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>This plan represents the facility's credible allegation of compliance as of 03/30/21.</p> <p>Cross Refer to the CMS 2567-L survey completed 03/17/21: F880</p>	03/30/21

*N. [Signature]*

NHA

03/24/21

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINNACLE REHABILITATION &amp; HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3034 SOUTH DUPONT BLVD SMYRNA, DE 19977</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced COVID-19 Focused Infection Control Survey and Complaint Survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from March 8, 2021 through March 17, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other documentation as indicated. The facility census the first day of the survey was one hundred twenty-seven (127). The survey sample totaled eleven (11).</p> <p>Abbreviations and definitions used in the report are as follows:</p> <p>CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA - Nursing Home Administrator; RN - Registered Nurse; PT - Physical Therapist;</p> <p>CDC - Center for Disease Control and Prevention; COVID-19 (Coronavirus) - a respiratory illness that can be spread person to person.</p>	F 000			
F 880 SS=D	<p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable</p>	F 880		3/30/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/25/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility</li> </ul>	F 880			

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F 880	<p>Continued From page 2</p> <p>must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, CDC (Centers for Disease Control and Prevention) guidance and other documentation as indicated, it was determined that the facility failed to implement infection control measures to prevent the spread of infection when two employee's were observed without eye protection on the designated COVID-19 unit. Findings include:  The CDC webpage entitled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", last updated February 23, 2021, indicated the following: "Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed (Coronavirus) infection; Eye Protection -Put on</p>	F 880	<p>1. On 3/11/2021, at the time of surveyor observation, the identified employee, E6, was immediately re- educated by the facility's Infection Preventionist on the facility's infection control and COVID -19 policies, with emphasis on proper donning of personal protective equipment (PPE) on the facility's designated COVID-19 unit. Special emphasis was placed on the use of protective eye equipment (goggles and face shields). Additionally, staff assigned to the designated COVID-19 unit were reeducated by the facility's Infection Preventionist on the facility's infection control and COVID -19 policies, with emphasis on donning the proper personal protective equipment (PPE) on the facility's designated COVID-19 unit.</p>		

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F 880	<p>Continued From page 3</p> <p>eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply." (<a href="https://www.cdc.gov/Coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/Coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>)</p> <p>During a random observation of the facility's designated COVID-19 unit on 3/11/21 at 12:08 PM, E6 (CNA) was observed leaving room 209 which was occupied by a COVID-19 positive resident without eye protection, such as goggles or a faceshield. Upon removing PPE and exiting the COVID-19 unit, E6 confirmed the finding during an interview and stated, "I was just delivering trays and forgot", E6 was then given goggles that were sitting on the clean PPE shelf immediately outside the COVID-19 unit by E10 (CNA).</p> <p>During a random observation of the facility's designated COVID-19 unit on 3/15/21 at 11:13 AM, E7 (PT) was observed initially standing in the hall, then at 11:17 AM entering room 211 which was occupied by a COVID-19 positive resident without eye protection such as goggles/face shield. At 11:29 AM, E7 left the room, removed PPE and exited the COVID-19 unit. E7 was immediately interviewed at that time and confirmed the absence of eye protection on the COVID-19 unit. E7 stated, "These are prescription eye glasses for vision and goggles don't fit over them. I can ask our department head for a face shield."</p> <p>Findings were reviewed during the exit conference on 3/17/21 at 3:00 PM with E1 (NHA) and E2 (DON).</p>	F 880	<p>Special emphasis was placed on the use of protective eye equipment (goggles and face shields).</p> <p>On 3/15/2021 at the time of surveyor observation, the identified employee, E7, was immediately re- educated by the facility's Infection Preventionist on the facility's infection control and COVID -19 policies, with emphasis on donning of PPE's on the facility's designated COVID-19 unit. Special emphasis was placed on the use of protective eye equipment (goggles and face shields). Additionally a house wide education was initiated by the facility's Infection Preventionist and Staff Development Manager (SDM), on the facility's infection control and COVID -19 policies, with emphasis on the proper donning of PPE's, on the facility's designated COVID-19 unit, as well as. Special emphasis was placed on the use of protective eye equipment (goggles and face shields).</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>Observation of assigned staff working on the facility's designated COVID-19, unit will be conducted by the facility's Infection Practitioner or designee on all three nursing shifts x 7days to determine staff's compliance to donning the required PPEs. Any non-compliance observed will be immediately corrected.</p>		

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F 880	Continued From page 4	F 880	<p>3. A root cause analysis was conducted by the facility's Infection Preventionist, SDM, and members of the QAPI committee to include the Governing Body, and it was determined that the facility staff failed to adhere to facility's Transmission Based/Infection Control and COVID-19 policies, despite previous education on the facility's protocols and expectations, by not wearing the required PPEs on the facility's designated COVID-19 unit. Additionally, the team discussed that a probable contributing factor with the noted non-compliance of staff, may be related to pandemic fatigue.</p> <p>A. The facility's SDM or designee will re-educate ALL STAFF, on the facility's Infection Control, and COVID-19 policies in collaboration and guidance with the Centers for Disease Control (CDC). Emphasis will be placed on but will not be limited to the use of proper PPEs on the facility's designated COVID-19 unit. No employee will be allowed to work after the date of compliance unless they have received this education. This same formatted education will be incorporated in the facility's new employee orientation.</p> <p>B. The designated COVID-19 unit, Unit Manager or designee will observe staff while performing various care tasks, at least three times each shift to ensure that appropriate PPE is worn at all times whenever there are COVID-19 positive residents. Documentation of staff's practice will be entered on a log <input type="checkbox"/> PPE</p>		

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F 880	Continued From page 5	F 880	<p>Compliance for the COVID-19 Unit Log, which will be submitted to the Infection Practitioner daily for review of compliance. (During off shifts and weekends-observation of staff practices will be conducted by the Nursing Supervisor or Manager on duty. These observations will also be entered on the PPE Compliance for the COVID-19 Unit Log, and submitted to the Infection Practitioner for review of staff's compliance).</p> <p>C. Reviews of the PPE Compliance for the COVID-19 Unit Log (employee compliance), will be led by the Infection Preventionist, and discussed with clinical leadership at the daily morning clinical meeting.</p> <p>D. The Infection Preventionist or designee will conduct daily rounds on the COVID -19 designated Units whenever there are COVID-19 positive residents to ensure staff is exercising appropriate infection control procedures. Ad hoc education will be provided to persons who are not correctly utilizing equipment and/or infection prevention/control practices.</p> <p>4. The Infection Preventionist or designee will complete random observational audits of staff assigned to the facility's designated COVID-19 unit, to determine staff's compliance to donning the required PPEs. Observation must include at least 15 staff members on all three</p>		



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F 880	Continued From page 6	F 880	nursing shifts, weekly x 4 weeks, until 100% compliance is achieved. After 3 weeks of compliance of 100% compliance, audits will continue monthly x 2 months of 20 staff members until 100% compliance is achieved. Monthly audits will conclude when 100% compliance is obtained and sustained. Audit findings will be reported to the QAPI committee monthly x 3 months to ensure compliance is obtained and sustained.		

